



**The State of New Hampshire
Insurance Department**

56 Old Suncook Road
Concord NH 03301-5151
(603) 271-2261 Fax (603) 271-1406

YOUR MEDICARE BENEFITS FOR 2004

Services	What you pay in 2004	For each benefit period *
*Hospitalization (Part A)		
Semi-private room, meals, general nursing and other hospital services and supplies.	A total of \$876	First 60 days
	\$219 per day	61 st -90 th days
	\$438 per day	91 st day –150: while using 60 reserve days
Inpatient mental health care coverage in an independent psychiatric facility is limited to 190 days in a lifetime.	All costs for each day	After 150 days
*Skilled Nursing Facility Care		
Semiprivate room, meals, skilled nursing, rehabilitative services and other services and supplies (after a 3-day hospital stay)	Nothing	First 20 days
	Up to \$109.50 per day	21 st -100 th days
	All costs for each day	101 st day and after

Services	What you pay for in 2004	For each benefit period*
Blood		
When provided during a covered stay	First 3 pints of blood, unless you or someone else donates blood to replace what you use.	Per calendar year
Hospice Care		
Medical and support services from a Medicare approved hospice, drugs for symptom control and pain relief, short term respite care, care in a hospice facility, hospital, or nursing home when necessary, and other services not otherwise covered by Medicare	A co-payment of up to \$5 for outpatient prescription drugs and 5 % of the Medicare-approved payment amount for inpatient respite care (short-term care given to a hospice patient by another care giver, so that the usual care giver can rest.) The amount you pay for respite care can change each year.	Available as long as your doctor certifies need

Services	What you pay in 2004	For each benefit period*
Medical Expenses (Part B)		
Physician services (except for routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers). Also covers second surgical opinions.	\$100 deductible 20 % of Medicare approved amount after the deductible, except in an outpatient setting.	Per calendar year
Also covers outpatient physical, occupational therapy including speech-language therapy.	20 % for all outpatient physical, occupational, and speech-language therapy services.	
Outpatient mental health care	50 % for outpatient mental health care	

Services	What you pay in 2004	For each benefit period *
Clinical Laboratory Services		
Blood tests, urinalysis, etc.	Nothing for Medicare-approved services.	Per calendar year
**Home Health Care for Medicare-Approved Services		
Medically necessary skilled care, home health aid services and medical supplies	Nothing for Medicare-approved services.	Unlimited
Durable medical equipment	20 %	Unlimited
<p>*Benefit period - The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you haven't received any hospital or skilled care (SNF) for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each period. There is no limit to the number of benefit periods you can have.</p>		
<p>**Available if you lack Part A.</p>		